

Chapter 5

Introduction to Services

HASCI Waiver Procedural Manual

INTRODUCTION TO SERVICES

All services provided through the HASCI Waiver must be cost effective (must not exceed the cost of institutionalization) and justified (based on health and safety issues related to the prevention of institutionalization).

Service Coordinators should review services available through the HASCI Waiver and work with the individual and/or family to determine which services are needed. It is important that each Waiver service be provided in response to the specific needs of the individual Waiver participant. **The Service Coordinator is responsible for ensuring that the needs of the individual are clearly documented in the Plan.** He/she is also responsible for budgeting services, authorizing services, monitoring services, and discontinuing services when they are no longer needed.

Justifying Services in the Individual's Plan

- All services provided through the HASCI Waiver must be justified in the individual's Plan and other professional documents. When services are provided (or requested) through the HASCI Waiver, the Plan must be updated to ensure that justification exists for all Waiver services. **Since the Plan document is justification for payment for Waiver services, any service that is not identified in the document is not billable to Medicaid.**
- The Plan must include:
 - The name of the Waiver service (using correct Waiver terminology)
 - Frequency and duration of the service
 - The amount/projected units of service
 - The provider of the Waiver service.

Budgeting for HASCI Waiver services

All HASCI Waiver budgets will be keyed on the Waiver Tracking System. For information on how to operate the Waiver Tracking System, refer to the "Waiver Tracking System Instruction Manual."

Initial Budgets

- The Service Coordinator must enter the initial budget into the Waiver Tracking System while the individual is "pending" enrollment.
- The Service Coordinator must enter comments into the Waiver Tracking System (BDCOM) justifying the need for all Waiver services. For example, information

regarding the type and severity of the injury and the explanation of the results of the most current level of care determination must be noted.

- Once the budget and comments are entered into the Waiver Tracking System, the Service Coordinator should notify the DDSN Central Office, HASCI Division by email, phone or fax.
- Staff in the HASCI Division will review the budget and notify the Service Coordinator by email, phone, or fax when approval/denial has been entered into the Waiver Tracking System. The HASCI Division will begin the enrollment process with SCDHHS and will update the Waiver Tracking System when the individual has been enrolled and notify the Service Coordinator/Supervisor.

Note: When the enrollment date in the HASCI Waiver is established, the Service Coordinator must complete the Verification of Third Party Coverage Form (HASCI Form 18) and forward it to the Central Office.

Annual Budgets

HASCI Waiver budgets are approved during the fiscal year (7/1-6/30). Each year in June, the Waiver Tracking System will “roll over” the previous year’s budgets. The Service Coordinator must review these budgets annually for all individuals enrolled in the HASCI Waiver and revise them to reflect the need for the entire fiscal year. The individual’s Plan must be updated to reflect the service amounts for the new fiscal year including the name of the services, frequency and duration, and the providers of service. The Service Coordinator must enter comments into the Waiver Tracking System (BDCOM) justifying the need for all Waiver services. The comments should also include information regarding the type and severity of the injury and the results of the most recent level of care determination.

Budget Revisions

Revisions to the initial and annual budgets can be made at any time that an individual’s needs change. Changes could include: adding a new service, deleting a current service, or any change to the total number of units of an approved service. **For all revisions, the individual’s Plan must be updated to reflect the revision.**

Emergency Authorization

Emergency authorization for services may be obtained by completing the HASCI Form 14 (Request for Emergency Authorization) and faxing the document to the DDSN Central Office, HASCI Division. The Service Coordinator may implement the services upon approval, but must complete the revision on the Waiver Tracking System for the official approval process. If this is not completed, the provider may not receive funding for the requested services.

“Emergencies” are situations that present an imminent threat to the individual and could not have been reasonably anticipated. For this reason, emergency authorizations will not be given on a routine basis. All private resources including private insurance, Medicare and State Medicaid Plan services must be exhausted prior to completing the Request for Emergency Authorization.

Service Authorizations

All services provided through the HASCI Waiver must be prior authorized by the Service Coordinator. The Service Authorization Forms (HASCI Form 12s) are the forms used for authorization of HASCI Waiver Services. Each of the forms authorizes a provider (company, agency, or individual) to provide a specific Waiver service to a participant and authorizes payment for the service. Although each of the Form 12s contain sections specific to the Waiver service that it is authorizing, certain items are consistent in all forms and are required for prior authorization:

- All Form 12s must be completed on or before the “start date” noted for the service.
- All Form 12s do not contain an end or expiration date and will authorize a particular Waiver service until an updated authorization form or Notice of Service Termination (HASCI Form 11) is sent to the provider.
- Each Form 12 will nullify any previous authorizations sent to a particular provider. For this reason, Service Coordinators must use caution when authorizing additional or short-term term services for an individual (Example: An individual who is receiving 25 hours per week of on going attendant care needs an additional 5 hours per week of attendant care for a three (3) week period. In this case, the Service Coordinator must send a new referral with start date for 30 hours per week of attendant care. Another authorization form must be completed which returns the authorization to 25 hours per week at the end of the 3 week period.)
- All Form 12s require the Service Coordinator to note if the service should be Board-billed (billed to the DSN Board) or directly billed to Medicaid. If the service is to be directly billed to Medicaid (DHHS), a prior authorization number must be included. Prior authorization numbers for the HASCI Waiver begin with HC, followed by the county code of the DSN Board authorizing, and then a three-digit number that identifies an individual. **Prior authorization numbers should be assigned to each individual Waiver participant and used to authorize payment for all Waiver services that are billed directly to DHHS.** If the service is to be billed to the DSN Board, no prior authorization number should be included on the form. These services will require the DSN Board to follow DDSN Procedures for Reporting and Billing for Services Provided to HASCI Waiver participants to receive reimbursement for payment of these services.

Board-Billed vs. Direct Billed Services

For individuals receiving HASCI funded Residential Habilitation: All services except Prescribed Drugs must be billed to the DSN Board. This should be checked on the Authorization Form (HASCI Form 12s) and no prior authorization number should be assigned. The Board should not follow procedures to request reimbursement for costs of services. The cost of all services through the HASCI Waiver, except Prescribed Drugs, is included in the rate paid to the DSN Board for Residential Habilitation.

For individuals receiving HASCI funded Day Habilitation, Prevocational Services, and Supported Employment Services: Psychological Services, Behavioral Support Services, Speech, Hearing and Language Services, Occupational Therapy Services, and Physical Therapy Services must be billed to the DSN Board. This should be checked on the Authorization Form (HASCI Form 12) and no prior authorization number should be assigned. The Board should not follow procedures to request reimbursement for costs of service. The cost of these services is included in the rate paid to the DSN Board for Habilitation Services.

For individuals who do not receive HASCI Waiver funded Habilitation services, most services through the HASCI Waiver can be Board-billed or billed to SCDHHS. Prescribed Drugs, Occupational Therapy Services, and Physical Therapy Services and Speech, Hearing and Language Services are exceptions to this as they are Extended Medicaid State Plan Services and must **always** be billed to SCDHHS.

For a listing of all Board-billed and direct billed HASCI Waiver services refer to the HASCI Waiver Rate Table in Chapter 7 of this manual.

For all other Services:

If HASCI Waiver services are provided by an individual/company that is employed or contracted by the DSN Board, the service will be Board-billed. This must be checked on the Authorization Form (HASCI Form 12s) and no prior authorization number should be assigned. The DSN Board must follow the Procedures to Report and Bill for Board Based Services Provided to HASCI Waiver Participants to receive reimbursement for costs. These procedures are located in Chapter 7 of this manual.

Note: When an individual receives HASCI Waiver Services from an individual/company that is employed or contracted by the DSN Board, the Board is responsible for maintaining documentation on the individual/company that supports their qualifications to provide the particular Waiver service. Minimum qualifications for providers of each service can be found in Appendix B-2 of the Official HASCI Waiver document. In addition, the Board is responsible for maintaining documentation that supports that the Waiver service was provided on each specific date billed. This documentation may include time sheets, invoices, etc.

If HASCI Waiver services are provided by an agency enrolled with SCDHHS as a Medicaid Provider, the service must be billed to SCDHHS. This should be checked on the Authorization Form (HASCI Form 12s) and a prior authorization number must be assigned.

Monitorship of HASCI Waiver services

All HASCI Waiver services must be monitored to ensure the usefulness and effectiveness of the service, along with the individual's satisfaction with the service. The frequency of contacts with the participant, family, or service provider will vary based on the needs of those involved. It is possible that many participants will monitor their own services and contact the Service Coordinator as needed. The following guidelines outline the **minimum requirements** for contact with a Waiver participant.

On-going Services

- Service Coordinators are required to contact the Waiver participant within two weeks of the start date for any specific service authorized to ensure that the service has begun as scheduled and the individual is satisfied with the level of service.
- Service Coordinators are required to contact the Waiver participant **at least** every three months (90 days) to monitor the usefulness and effectiveness of all Waiver funded services. **This contact must include assessment of the quality of services provided as well as justification for the continued need for each service that the individual receives.**
- If specific problems or changes need to be addressed for any particular Waiver service, the documentation of the contact should include information about that problem/change and follow-up must be completed by the Service Coordinator as appropriate.
- If an individual changes his/her provider of an ongoing Waiver service, the Service Coordinator must again contact the individual within two weeks of the change to ensure that the service has begun and the individual is satisfied.

One Time Services

- Service Coordinators are required to contact the Waiver participant within two weeks of the receipt of any one time Waiver service. During the contact, the Service Coordinator should ensure that the service was received as authorized and the individual was satisfied with the service.
- For Environmental Modifications, Service Coordinators are required to make an on-site visit during the modification process and within two (2) weeks of completion. The Service Coordinator must monitor the individual's satisfaction with the modification as part of the monitorship of service.

- For Private Vehicle Modifications, Service Coordinators are required to make an on site visit within two (2) weeks of completion (before payment is issued to the provider of the service). The Service Coordinator must monitor the individual's satisfaction with the modification as part of the monitorship of service.
- For any one-time service that costs over \$1500, Service Coordinators are required to make an on-site visit to observe the item and monitor the quality as well as it's usefulness and effectiveness for the individual.
- For any one-time service that costs less than \$1500, Service Coordinators are required to monitor the service to ensure the usefulness and effectiveness of the service along with the individual's satisfaction with the service.

Reduction, Suspension, Denial and Termination of Waiver Service(s)

Anytime there is a planned reduction in Waiver service(s), suspension of Waiver service(s), denial of Waiver service(s) or termination of Waiver service(s) and the individual or his/her legal guardian did not authorize the change, a written notice must be forwarded to the individual or his/her legal guardian. The notice must include the details regarding the change(s) in service(s), allowance/process appeal/reconsideration and a ten (10) calendar day waiting period before proceeding with the reduction, suspension or termination.

If the individual or his/her legal guardian requests an appeal hearing before the date of action, the State may not reduce, suspend, deny or terminate services until a decision is rendered after the hearing. (For example, if the individual/legal guardian did not authorize a reduction of his/her Waiver services and the Waiver services are going to be reduced, the individual/legal guardian must be given a written notice regarding the reduction which includes a 10 calendar day waiting period before the Waiver services are reduced. The Waiver services that were going to be reduced will continue as authorized prior to the request). The Service Coordinator must explain this to the individual/legal guardian in the comments section of HASCI Form 11A). If the individual/legal guardian appeals within 10 days, the Service Coordinator must contact the provider of the Waiver services to assure that the Waiver services are not interrupted. If the State's action is sustained by the hearing decision, the State may institute recovery procedures against the individual or his/her legal guardian to recoup the cost of any services furnished the individual, to the extent they were furnished solely by reason of the appeal/reconsideration.

If a Waiver service needs to be reduced, suspended, denied, or terminated, the Service Coordinator will be responsible for notifying the provider to reduce, suspend, or stop the service. A Notice of Termination of Service form (HASCI Form 11) must be completed if a Waiver service needs to be terminated. A Notice of Reduction of Service form (HASCI Form 11A) must be completed if a Waiver service needs to be reduced. A Notice of Suspension of Service form (HASCI Form 11B) must be completed if a Waiver service needs to be suspended. A Notice of Denial of Service (HASCI Form 11C) must be completed if a Waiver service needs to be denied.

HASCI Form 12s (authorization forms) must be used to send a new referral(s) to a provider(s) due to the reduction, suspension, or termination of a Waiver service(s).

The following reasons do not require a ten (10) calendar day waiting period before proceeding with the action:

- Denial of a Waiver service
- Individual requested the reduction
- Loss of Medicaid eligibility
- Voluntary withdrawal
- Death
- Individual moves out of state
- Individual is admitted to a nursing facility or an ICF/MR

Note: If SCDDSN/Central Office receives a request for appeal/reconsideration, the Service Coordinator will be notified regarding how to proceed.

The Waiver Tracking System must be updated to delete any unused amounts of Waiver service(s) due to reduction, suspension, denial or termination, and the actual end date for the service must be entered. The individual's Plan must also be updated to reflect the total amount of service(s) provided and the end date of the service(s).

Service Tracking System (STS)

All services being provided through the HASCI Waiver **must be accurately reflected** in the individual's record **on the Service Tracking System (STS)** operated by SCDDSN. All support services must be entered, noting date that the service began. All habilitation services must correctly identify the Waiver as the source of funding for the service.